

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	Banister	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Colored	Birth place	Colored Co Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Father's Name	Hopewell Banister			Father's Birthplace	Colored Co Md
Mother's Maiden Name	Martha Smith			Mother's Birthplace	Colored Co Md
Name of person giving information	Hopewell Banister			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still birth

8
How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr F Chambers
Subregister & B. S. H.
Lumbago 728
Colored Co

Accident or Suicide?

Wadden tides
ab. ab. 5 m.

Name
in
Full

Dowell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Solomons</u>		Town <u>Solomons</u>	County <u>Calvert</u>	MARYLAND		
Date of death <u>1910</u>	Month <u>April</u>	Day <u>20</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1/2 hour</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Calvert Co Md</u>				
Occupation <u>—</u>	Where Residing If not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Richard D. Dowell</u>	Father's Birthplace <u>Calvert Co Md</u>					
Mother's Maiden Name <u>Sarah C Baldwin</u>	Mother's Birthplace <u>Baltimore George Co Md</u>					
Name of person giving Information <u>Richard D Dowell</u>	How related to deceased <u>Father</u>					

.CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature birth

How long

15 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

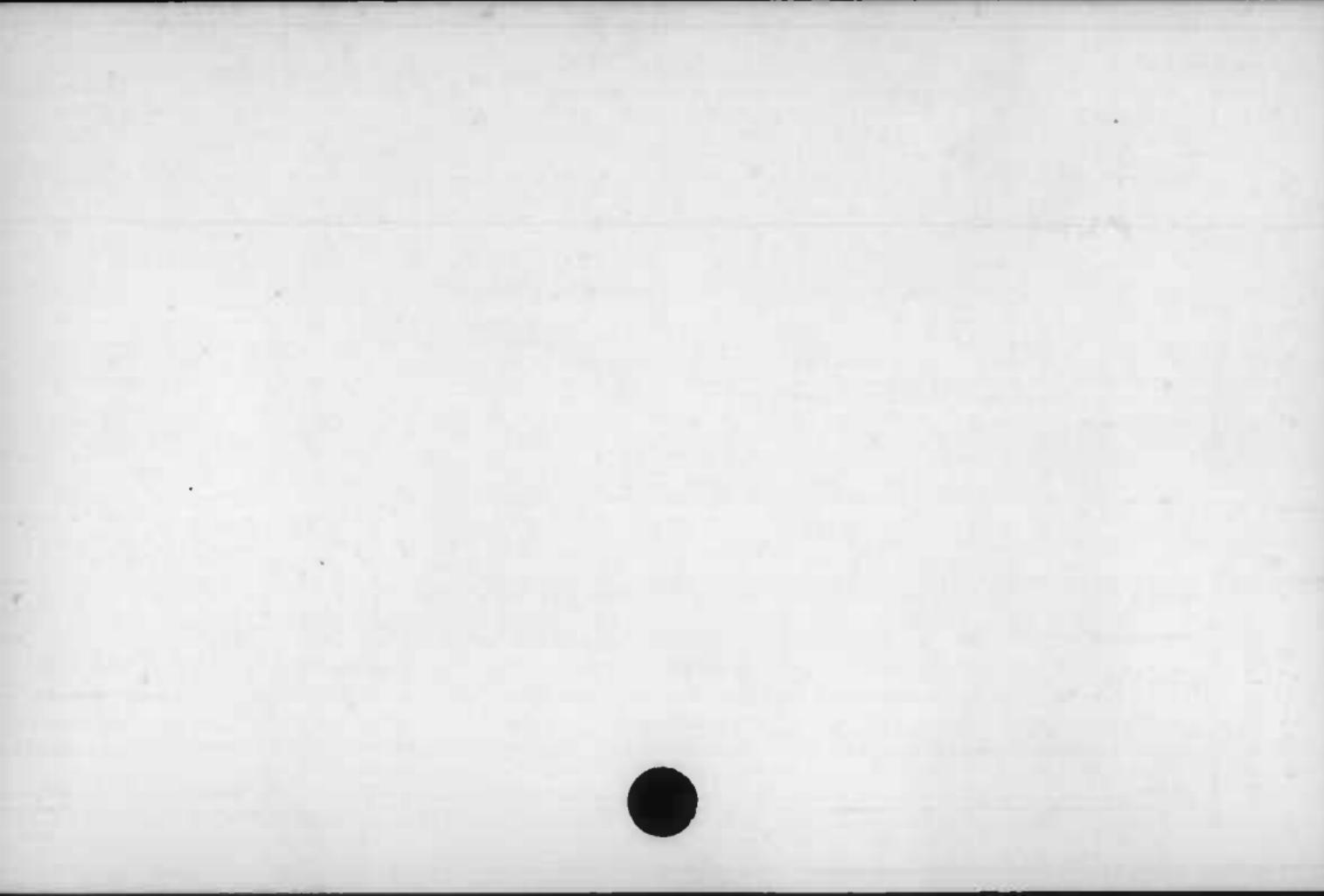
yes

Signature of Physician

Address

Dr F Chambers and
Lusby Calvert Co Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Dowell

CERTIFICATE OF DEATH

MARYLAND

Town		County			
Diad at	Scudderland	Calvert			
Date of death	Month	Day	Years	Months	Days
19010	April	24	—	—	—
Sax	Male	Color or Race	White	Birth-place	Calvert Co., Scudderland,
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Calvert Co.
Father's Name	Henry D. Dowell			Mother's Birthplace	Anne Arundel Co.
Mother's Maiden Name	Mary E. Goran			How related to deceased	Harker
Name of person giving Information	Henry D. Dowell S				

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

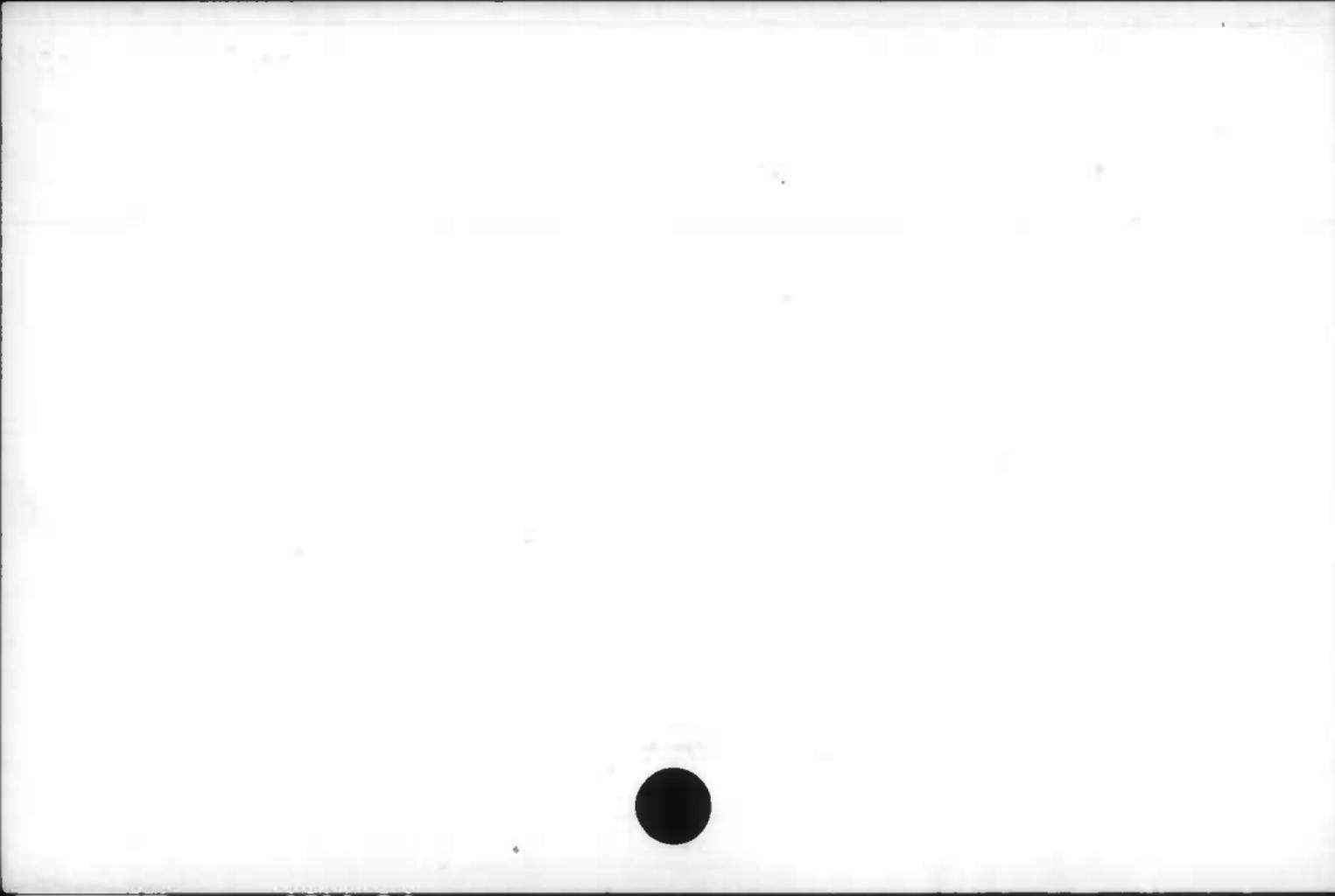
Signature of Physician

E. J. Neimann M.D.

Address

Lo Manboro, Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Isaac Portland

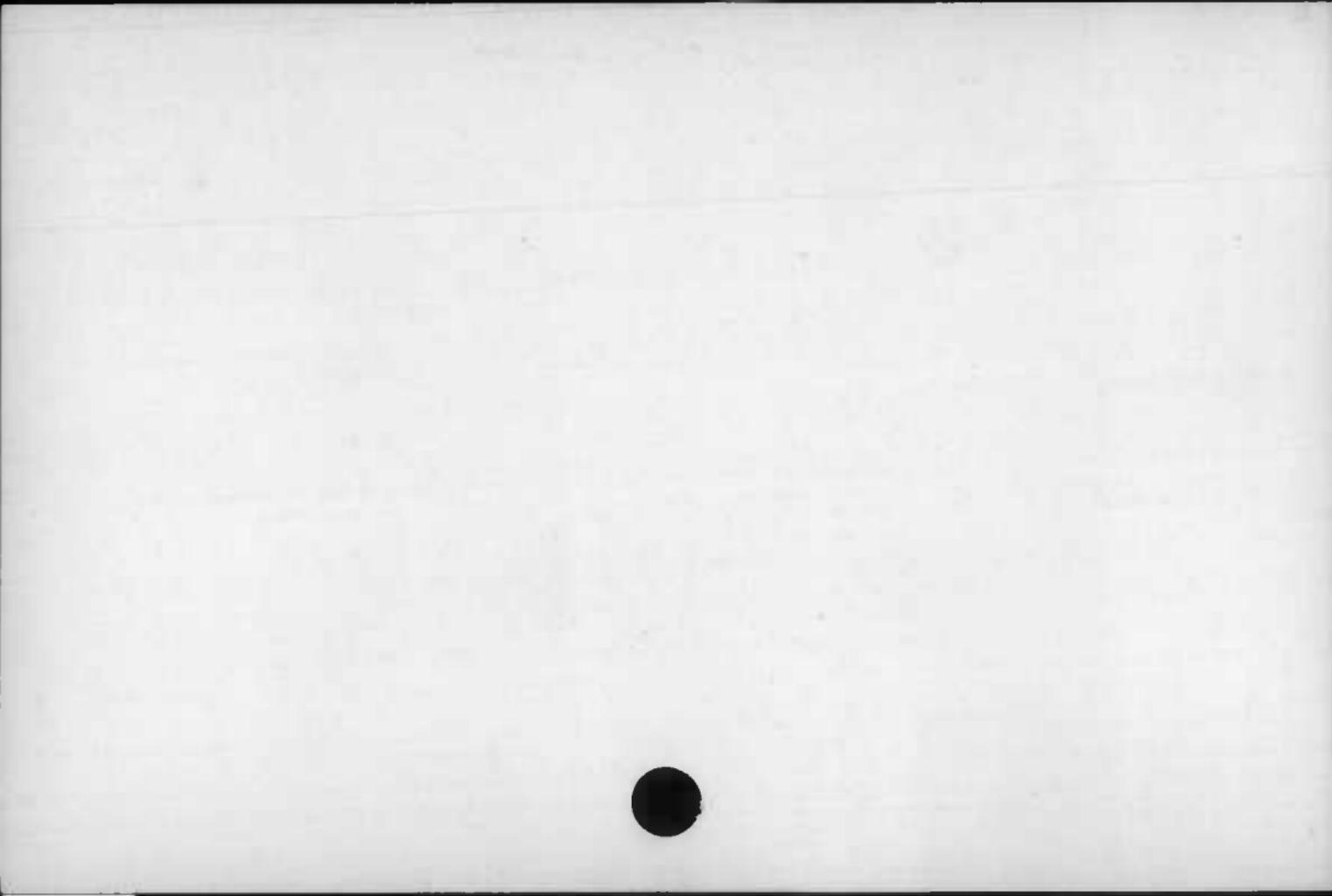
CERTIFICATE OF DEATH

Died at Huntingtown		Town	County	MARYLAND		
Date of death	1910	Month apr	Day 29	Age 74	Years	Months
Sex	Male	Color or Race	Black	Birth-place	Cal. Leo.	
Occupation	Farmer					
Married, Single or Widowed	Where Residing if not at place of death					
Father's Name	Richard Portland					
Mother's Maiden Name	Rachel Goutt					
Name of person giving Information	Isaac Portland Jr					
CAUSES OF DEATH						
Primary	Inflammation of the heart					
Immediate						
Are the name, age, sex, color, date and place correctly given above?	Yes					
Accident or Suicide?						
64 V						

Signature of Physician

Address

J.W. Trilby,
Huntingtown,
Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Selina A. Gibson

CERTIFICATE OF DEATH

Died at <u>Huntingtown</u>		Town	County <u>Calvert Co.</u>	MARYLAND	
Date of death <u>1910</u>	Month <u>Apr.</u>	Day <u>17</u>	Years <u>68</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Cal. Co.</u>			
Occupation <u>House wife</u>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <u>Harrison T. Gibson</u>				
Father's Name <u>John Sherburn</u>	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <u>M. O. Gibson</u>	How related to deceased <u>Son-in-law</u>				

CAUSES OF DEATH

Primary

Chronic Bronchitis ^{empty emma}

79

v

How long

3 months

Immediate

Acute Dilatation of Heart

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

O. W. Leitch

Address

Huntingtown
Md.

Accident or Suicide?



Name
in
Full

Abram Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Month	Day	Year	Month	Days
Date of death 1900	April	27	Age 72		
Sex male	Color or Race	Birthplace			
Occupation Farmer	Where Residing if not at place of death Montauk Woods				
Married, Single or Widowed Married	Name of Wife or Husband	Father's Birthplace Caen			
Father's Name Do not know	Mother's Birthplace Calvert				
Mother's Maiden Name Do not know	How related to deceased None				
Name of person giving Information David Brooks					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Spiral Scream

154

How long

1/2 m/s

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. Buscar Turkey
Maine St.

Accident or Suicide

$$\begin{array}{r} 195\text{v} \\ 85\text{-}0 \\ \hline 25\ 00 \\ 20\ 1 \\ \hline 8\ 0\ 4 \\ 5\ 2\ 2 \\ \hline 3\ 0\ 0 \end{array}$$

Name
in
Full

Harry Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1900	Month	Day	Years	Months
Sax	Male	Color or Race	Black	Birth-place	Death-place
Occupation	Labourer	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information					How related to deceased

CAUSES OF DEATH

64

V

How long

24 hrs

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

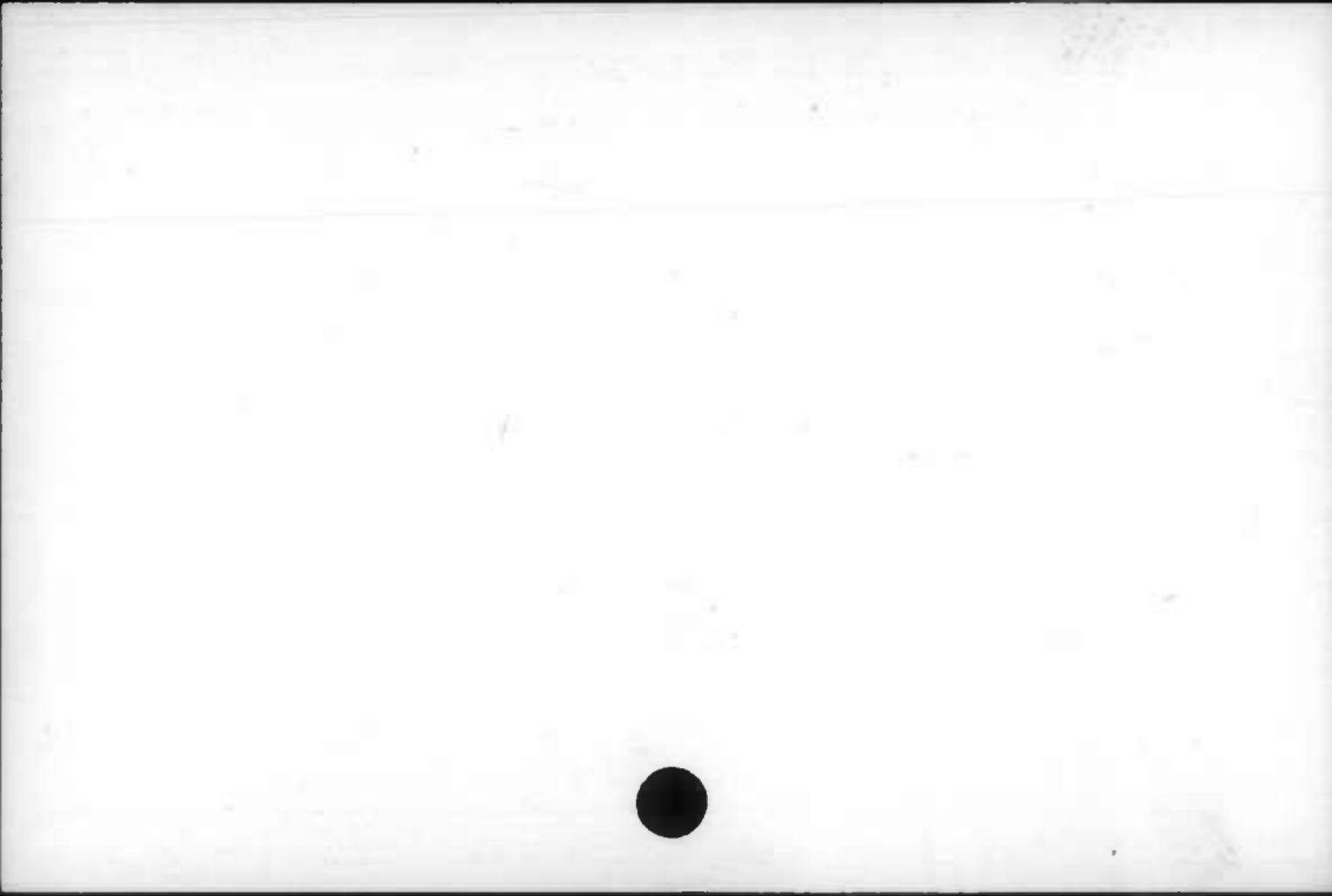
Signature of Physician

Address

J. W. Tracy

Baltimore Md

Accident or Suicide



Name
in
Full

Retta Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Lo. Marlboro		Calvert			
Date of death	1910	Month April	Day 6	Years	Months	Days
Age	21					
Sex	Female	Color or Race	African	Birth-place	Calvert Co.	
Occupation	House Servant			Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Calvert Co.	
Father's Name	Edward Gross			Mother's Birthplace	" "	
Mother's Maiden Name	Maggie Smith			How related to deceased	None	
Name of person giving Information	John Ross			How long	10 hours	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

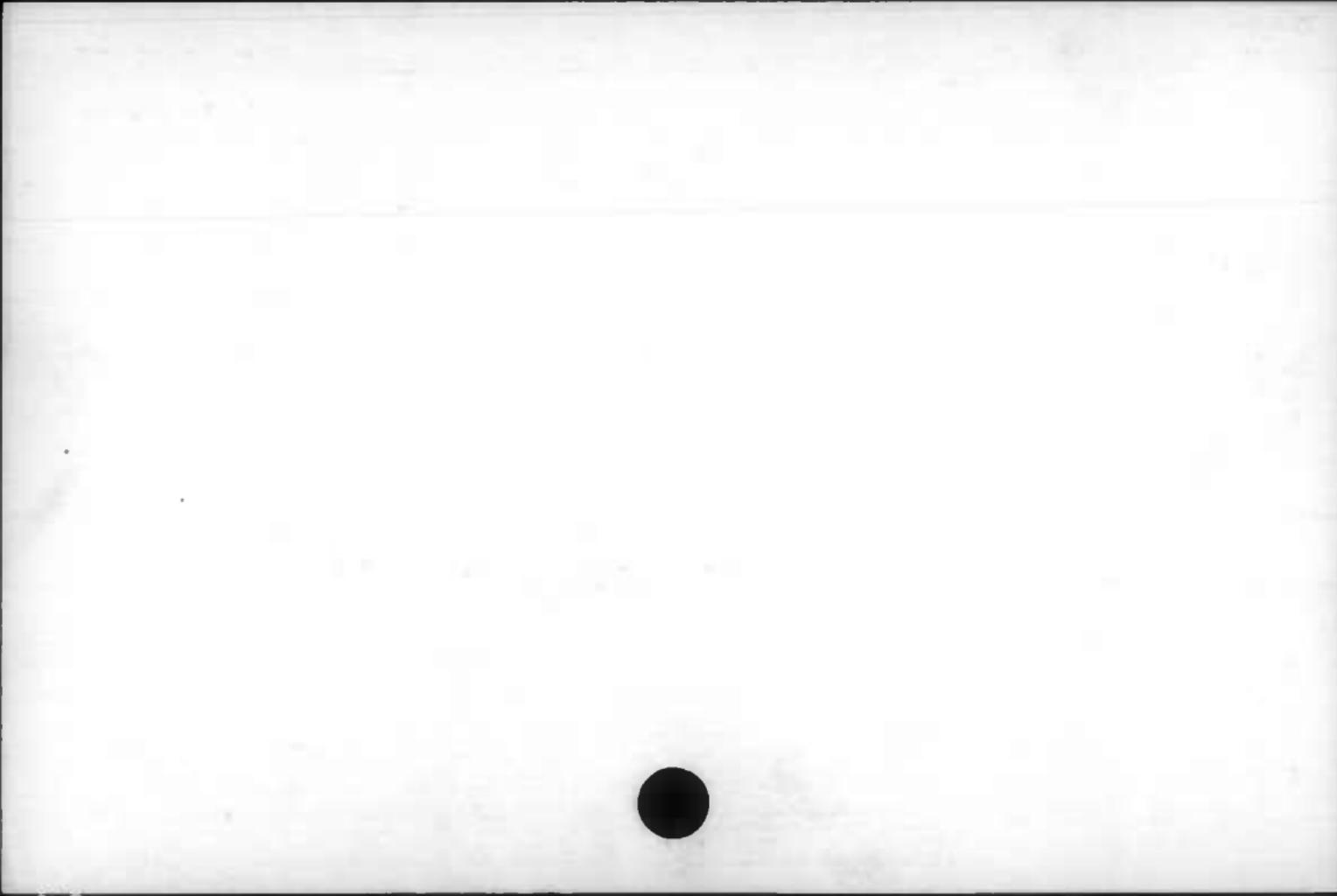
Signature of
Physician

E.H. Hinman, M.D.

Address

Lawn Marlboro,
Calvert Co., Md

Accident or Suicide



Name
in
Full

Sarah Hooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at Island Creek		Calvert	
Date of death	Month	Day	Year
1960	April	15	Age
Sax	Color or Race	Color	Birth-place
Femme		Colored	Calvert Co
Occupation	Where Residing if not at place of death		
Housewife -			
Married, Single or Widowed	Name of Wife or Husband	Name of deceased	
Married	Charles Hooke		
Father's Name	Do not know		
Mother's Maiden Name	Taylor		
Name of person giving Information	Son, J. Morris		
	How related to deceased		
	None		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pneumonia

93

v

Immediate

Exhaustion

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

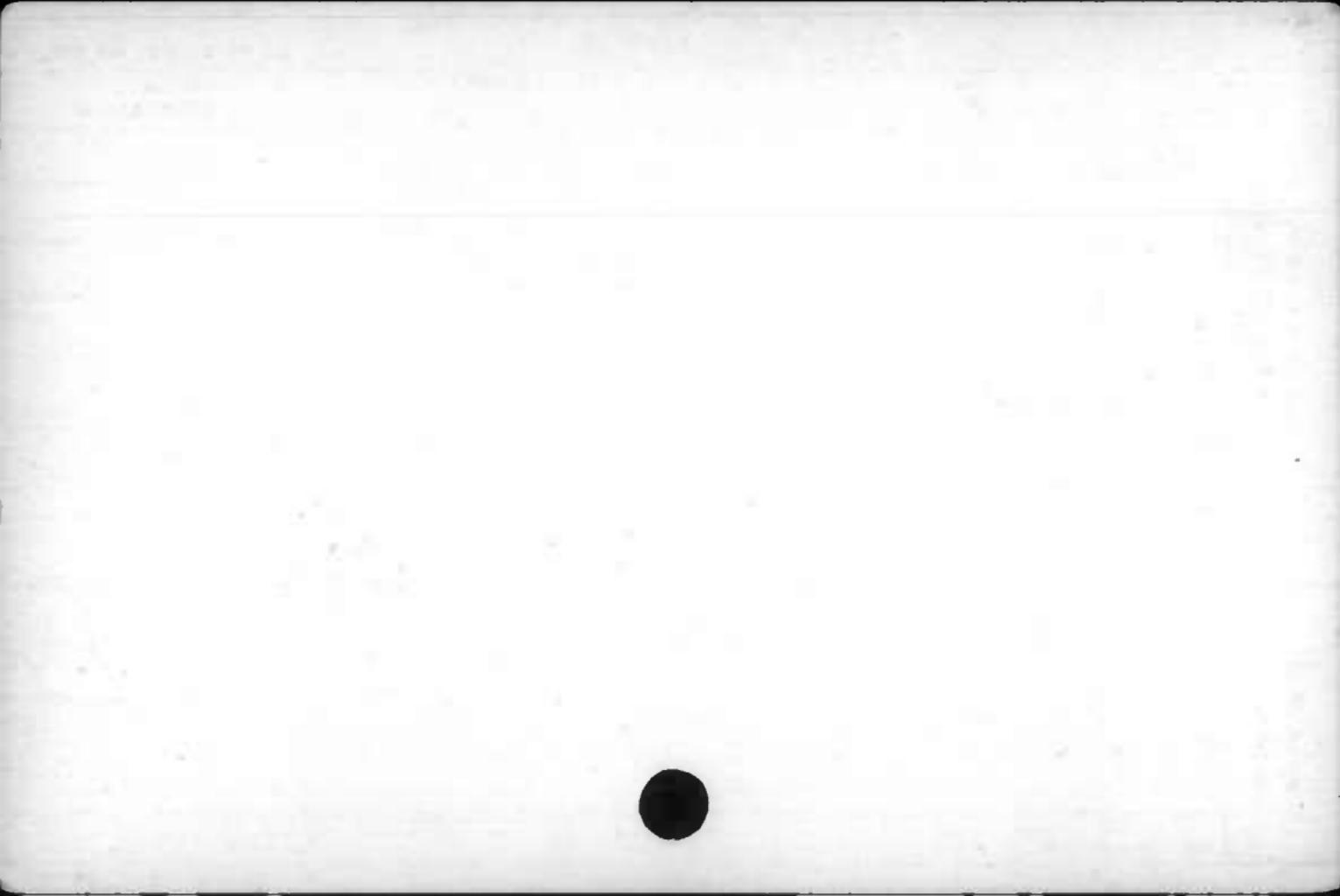
Yes

Signature of Physician

Address

P. Buscar M.D.
Medical Ind

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

To Mr. Jenkins
Town

Corrucci

CERTIFICATE OF DEATH

Died at		Town <u>Hart Harmony</u>	County		<u>Cavest</u>			MARYLAND
Date of death	Month	Day	Year	Age	Months	Days		
1940	April	22		—	—	6		
Sex	Male	Color or Race	Colored		Birth-place	<u>Hart Harmony</u>		
Occupation	<u>none</u>	Where Reiding if not at place of death						
Married, Single or Widowed	Singe	Name of Wife or Husband						
Father's Name	<u>Henry Jenkins</u>		Father's Birthplace	<u>Cavest Co.</u>				
Mother's Maiden Name	<u>Mary Morrell</u>		Mother's Birthplace	<u>Cavest Co.</u>				
Name of person giving Information	<u>Henry Jenkins</u>		How related to deceased	<u>Father</u>				
CAUSES OF DEATH								

CAUSES OF DEATH

151

How long

14 | [www.ew.com](#) | JULY 2013

How long

6 days

Primary

Premature Birth

Immediate

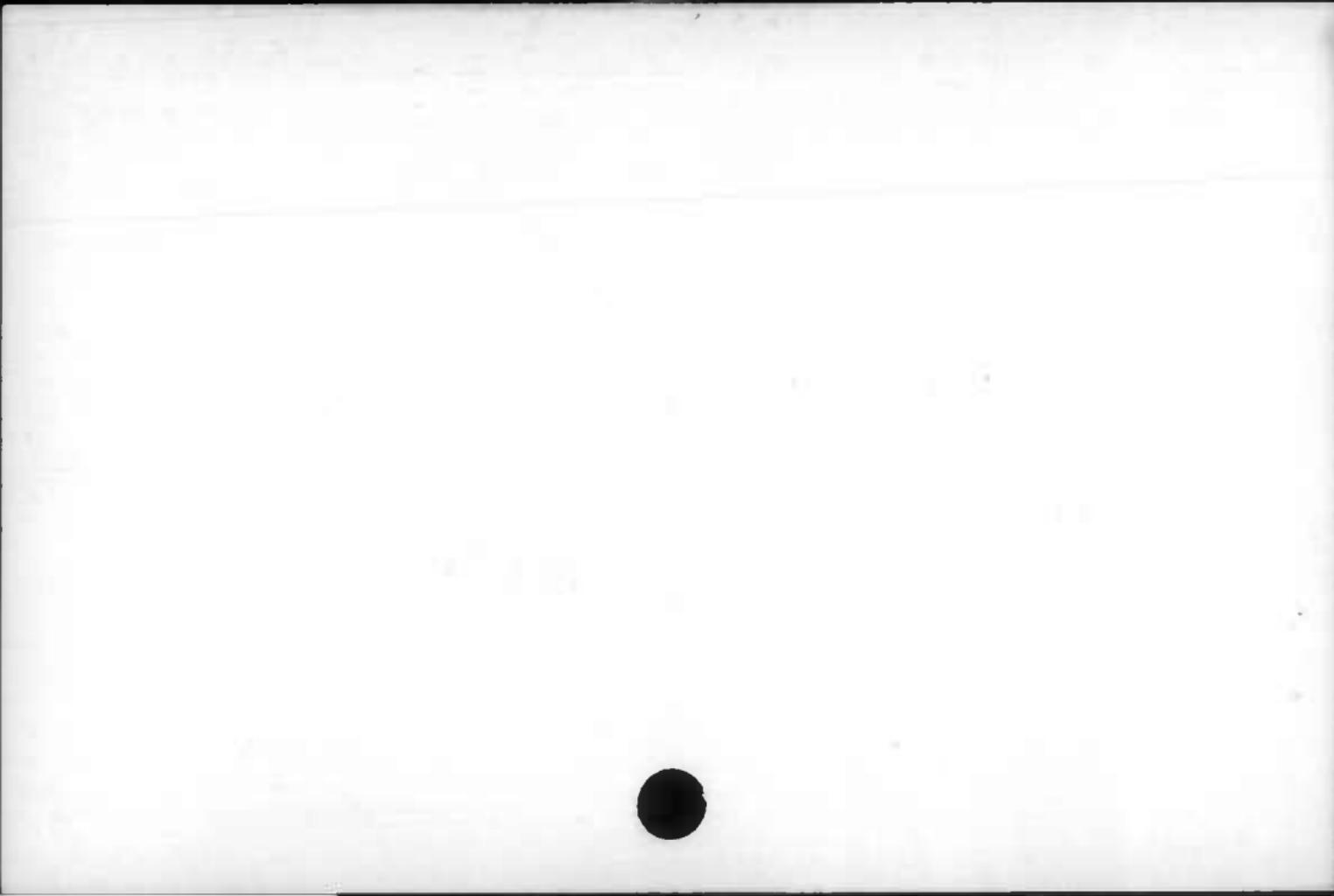
Manitou

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

W.D.M. Chang, Registration
Chang, W.D.M.



Name
in
Full

Zenobia Julian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Calvert	County	MARYLAND
Date of death 190	Month April	Day 30	Years 29	Month 6
Sex Female	Color or Race White	Birth-place Wallville, Md.		
Occupation Housewife	Where Residing if not et place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	James Julian	
Father's Name	Jeremiah E. Thomas			
Mother's Maiden Name	Maria Beverley			
Name of person giving Information	Lutton S. Fowler			
Father's Birthplace	Annapolis, Md.			
Mother's Birthplace	Wallville, Md.			
How related to deceased	Brother-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

(28)

How long

12 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

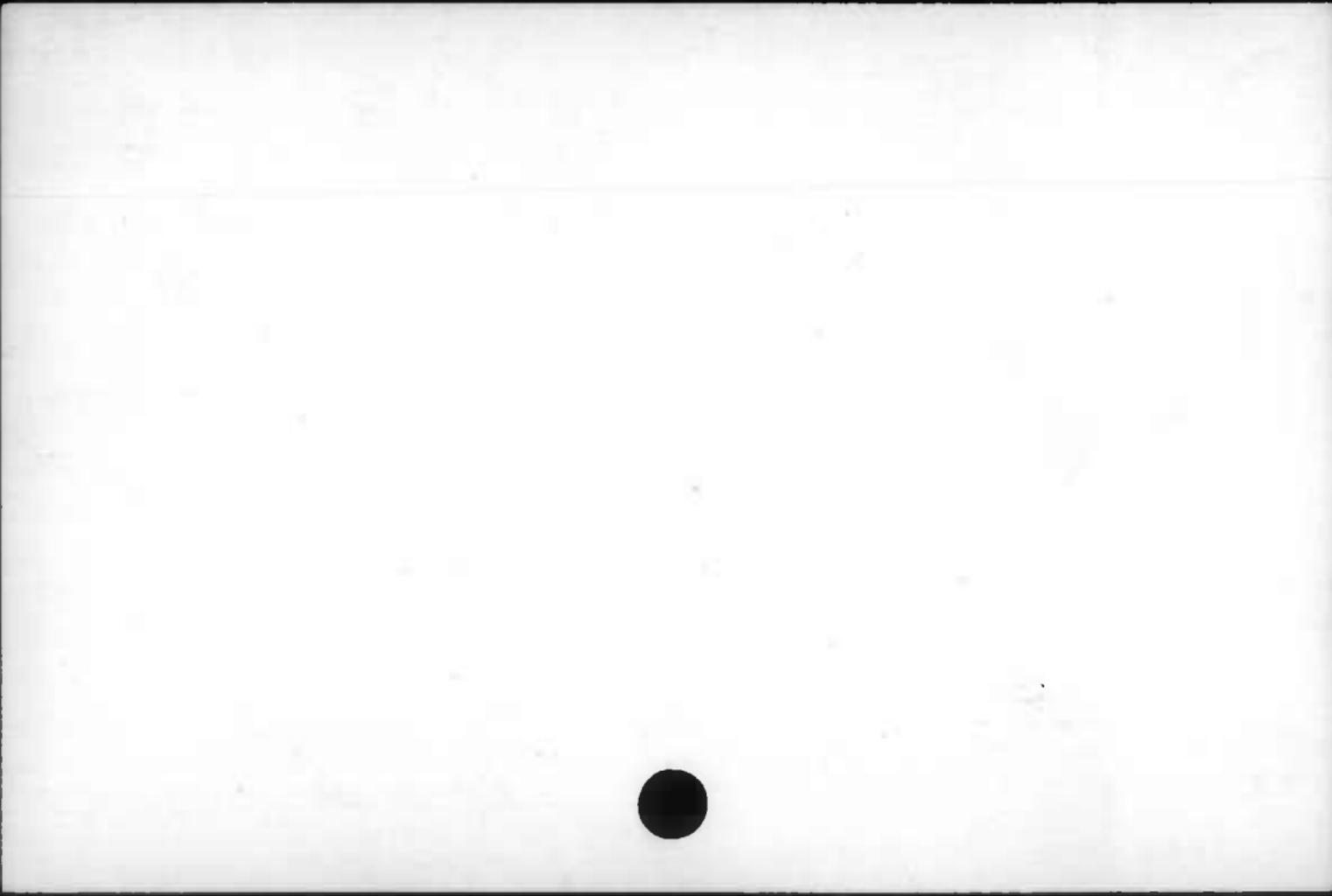
Signature of
Physician

Address

George Peterson
Roth Leonard, M.D.



Accident or Suicide



Name
in
Full

Annie Norfolk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Solomons</u>		County <u>Calvert</u>	MARYLAND
Date of death <u>19</u>	Month <u>April</u>	Day <u>4</u>	Years <u>30</u> Minutes <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Solomons</u>	
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>		
Father's Name <u>James C. Norfolk</u>	Father's Birthplace <u>Calvert Co. Md.</u>		
Mother's Maiden Name <u>Minnie Estelle Abbott</u>	Mother's Birthplace <u>Solomons, Md.</u>		
Name of person giving Information <u>Minnie E. Norfolk</u>	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

Primary

Premature birth

151

✓

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

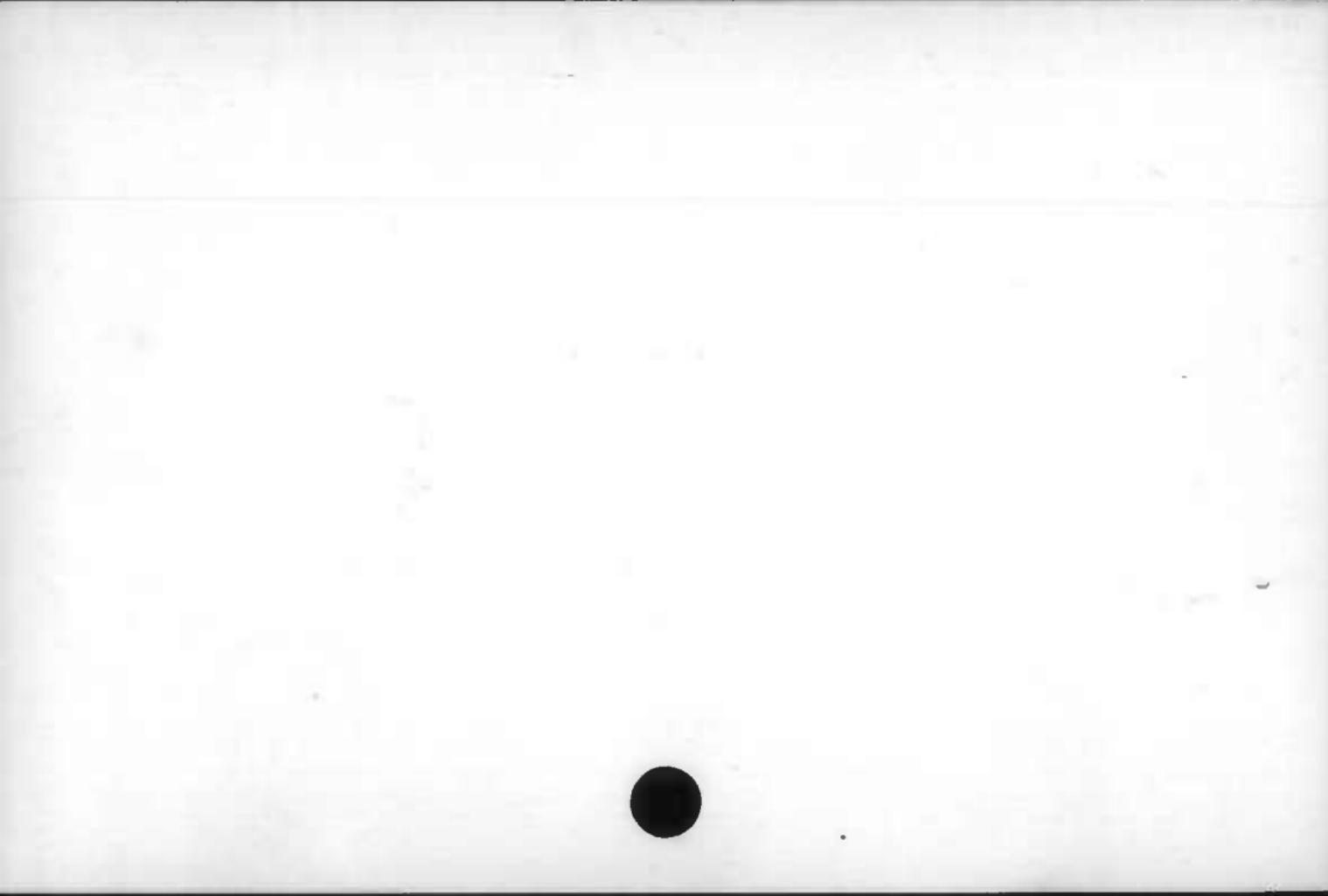
Address



yes

W.B. Marsh, M.D.
Solomons
Md.

Accident or Suicide



Name
in
Full

Stephen S.R. Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Near Bowers</i>	County <i>Calvert</i>	MARYLAND		
Date of death	Month <i>1960 April</i>	Day <i>Fifteen</i>	Years <i>Age 42</i>	Months	Days
Sex	Male	Color or Race <i>White</i>	Birth-place <i>Calvert County</i>		
Occupation	<i>Farmer</i>	Where Residing if not at place of death <i>place of death</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Calvin W. Simmons</i>			Father's Birthplace <i>Calvert County</i>	
Mother's Maiden Name	<i>Mary C. Robison</i>			Mother's Birthplace <i>"</i>	
Name of person giving Information	<i>Annie V. Simmons</i>			How related to deceased <i>Step Mother</i>	

CAUSES OF DEATH

158

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

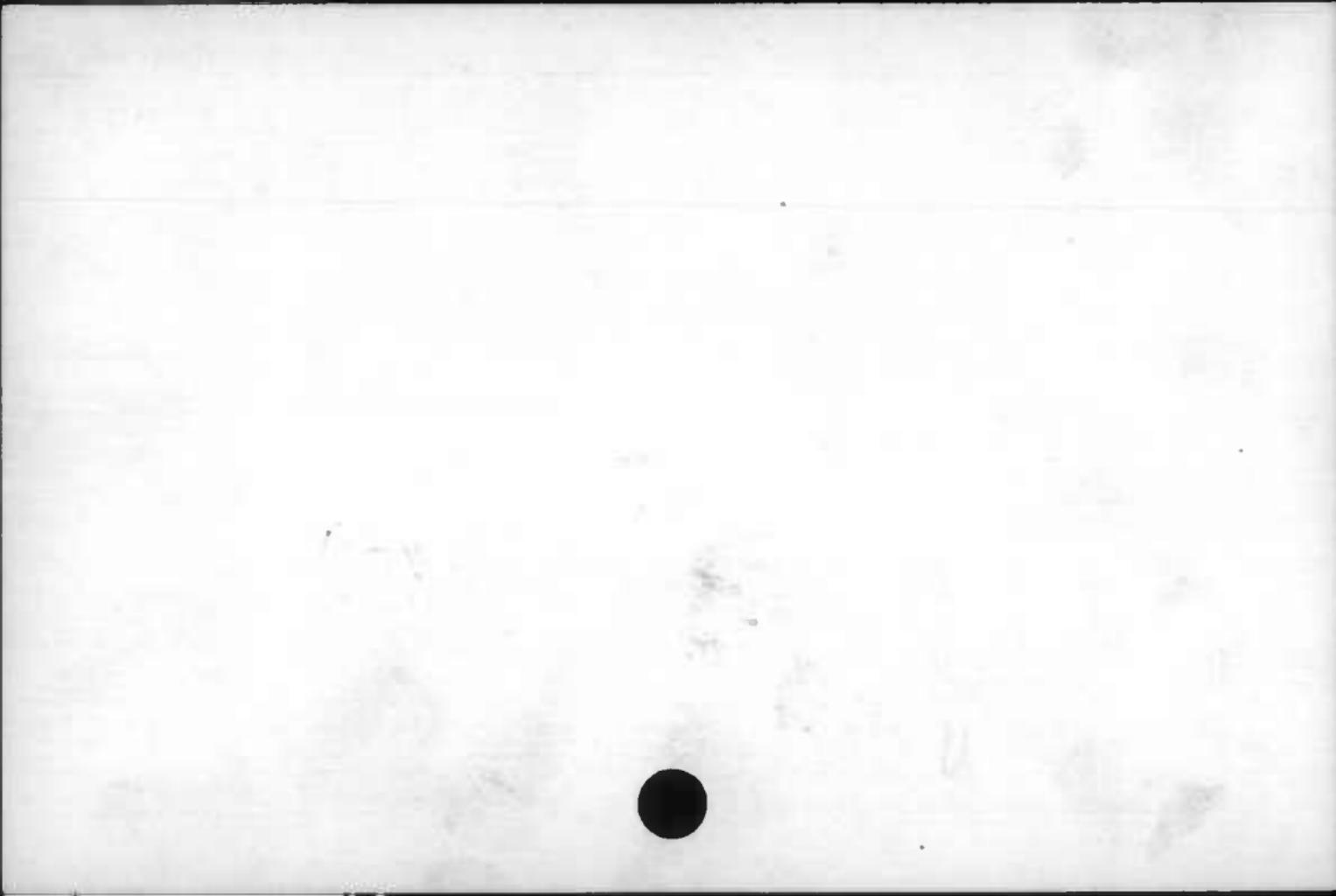
O.D. Simmons MD

Address

Bowers Md

Accident or Suicide

Suicide



Name
in
Full

Isiah Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Oliver	Town	Calvert	County	MARYLAND	
Date of death	1910	Month, April	Day 2	Age 80	Years	Months — Days —
Sex	male	Color or Race	white	Birth place	Calvert Co Md	
Occupation	Fisherman	Where Residing if not at place of death				
Married, Single or Widowed	Widowed Wife	Name of Wife or Husband	Sarah Jane Ward			
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving Information	Sue Thomas			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia

154

How long

Several mos.

Immediate

Dropsey

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

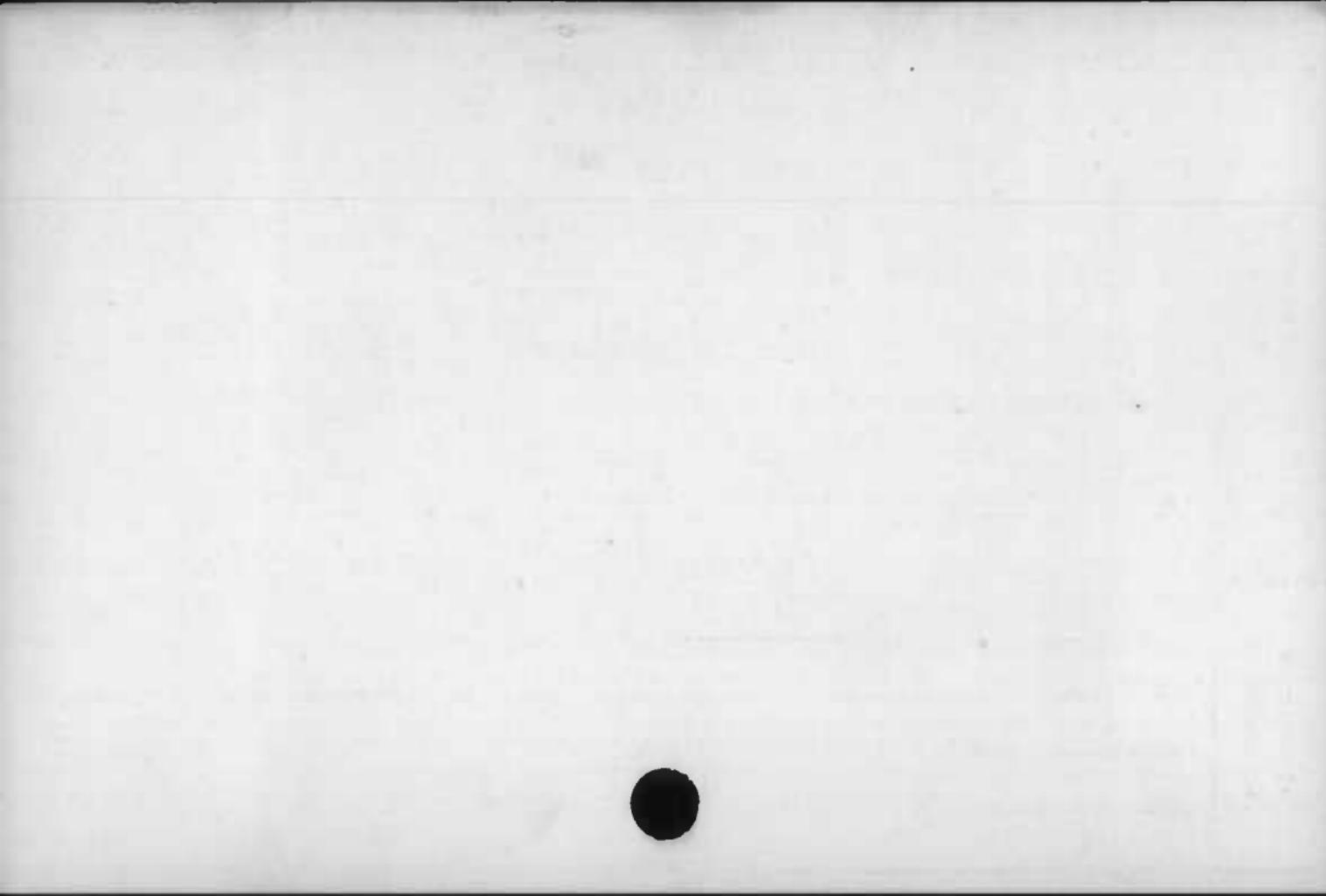
Signature of Physician

GEO F Chambers MD

Address

Lusby Calvert Co Md

Accident or Suicide?



Name
in
Full

Edward Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death 1900	Month April	Day 11	Years Age 34	Month	Days
Sex Male	Color or Race white	Birth-place Calvert Co			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband —				
Father's Name	Father's Birthplace Calvert Co				
Mother's Maiden Name	Mother's Birthplace "				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

120

v

Primary

Bright's Disease

How long

6 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. King

Barstow Md

Accident or Suicide

